

This week in the BMJ

Chickenpox can still kill adults

More than four fifths of deaths from chickenpox are now in adults, compared with less than half 30 years ago. Chickenpox accounts for about 25 deaths annually in England and Wales, more than from measles, mumps, pertussis, and Hib meningitis combined. Deaths are twice as common in men as in women. Rawson and colleagues (p 1091) draw attention to the importance of chickenpox as a cause of death by examining 119 death certificates that mentioned chickenpox in England and Wales over a three year period. Chickenpox should therefore not be thought of as an innocuous disease.

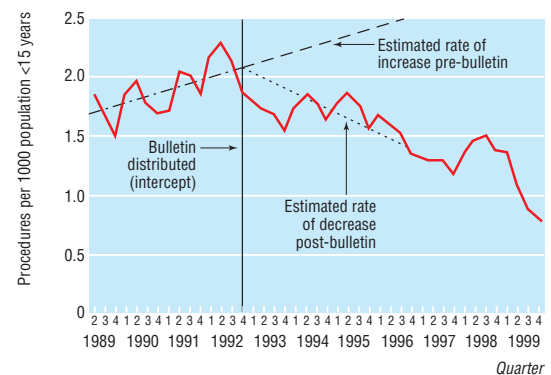
Intensive case management does not reduce violence in psychosis

Increasing the intensity of contact with a case manager does not reduce the prevalence of violence over two years in patients with psychosis. Walsh and colleagues (p 1093) compared intensive case management with standard care as part of the large UK700 study. Risk factors for violence included previous violence, drug misuse, victimisation, younger age, and learning difficulties. The association between violence and psychosis is attributable to a small subgroup of patients, and community psychiatric teams are trying to minimise this risk.

Toe ulceration may complicate four layer compression bandaging for venous ulceration

Toe and cleft ulceration is a complication in patients treated with four layer compression bandaging for venous ulceration. These ulcers are atypical in that they have no features that are similar to those found in other ulcers of known aetiology. Chan and colleagues (p 1099) found toe ulceration in 12 out of 194 patients who were referred to their tertiary centre over a 10 year period. The ulcers were resistant to healing by conventional methods but improved when the patient rested in bed with the affected foot raised. However, they all recurred within a few weeks and one patient had to have the toes amputated. The authors suggest that the increased compression factor of four layer bandages compared with three layer bandages may be a causal factor.

Grommet insertion fell after distribution of evidence based guidelines on treating glue ear



The rate of grommet insertions fell after publication in 1992 of an *Effective Health Care Bulletin* on treating persistent glue ear in children. For tonsillectomy—another elective procedure in the same specialty—rates increased steadily over the same period, suggesting that the change was specific to persistent glue ear and thus related to the bulletin. Mason and colleagues (p 1096) calculated the regional and national grommet insertion rates from 1989 to 1996 in children aged under 15 years in England by using the hospital episode system. They calculated that the changing trend of surgery in the four years after the bulletin avoided 89 800 procedures nationally, providing a theoretical saving of £27m at 1992-3 prices.

Personal and patient feelings affect how GPs apply clinical evidence

General practitioners' use of clinical evidence is affected by their knowledge of the patient and personal and professional experience. Freeman et al (p 1100) used Balint-style focus groups to examine why general practitioners do not always act on best evidence. Participants were asked to discuss cases in which they had knowingly not acted on the evidence. The discussions showed that doctors' decisions were complex. Evidence was viewed as a square peg that had to be made to fit the round hole of the patient. They also found that doctors influenced decisions by patients through the way in which they presented evidence.